



## Application Data Sheet

### **Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of Copies of CDs::  
Sequence Submission?:: None  
Computer Readable Form (CRF):: No  
Number of copies of CRF:: 0  
Title:: REDUCTION OF THE IMMUNOGENICITY  
OF NON-HUMAN GRAFTS  
1501-1010  
Attorney Docket Number::  
Request for Early  
Publication?:: No  
Request for Non-Publication?::  
Suggested Drawing Figure::  
Total Drawing Sheets::  
Small Entity?:: Yes  
Latin Name::  
Variety Denomination Name::  
Petition Included?:: No  
Petition Type::  
Licensed US Gov't Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent No  
Appl.?::

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: DENMARK  
Status:: Full Capacity  
Given Name:: THOMAS  
Middle Name::  
Family Name:: BREVIG  
City of Residence:: KOKKEDAL  
State or Province of Residence::  
Country of Residence:: DENMARK  
Street of Mailing Address:: DROSSELVAENGET 205

City of Mailing Address:: KOKKEDAL  
State or Province of Mailing Address::  
Country of Mailing Address:: DENMARK  
Postal or Zip Code of Mailing Address:: DK-2980

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: DENMARK  
Status:: Full Capacity  
Given Name:: TOM  
Middle Name::  
Family Name:: KRISTENSEN  
City of Residence:: NYBORG  
State or Province of Residence::  
Country of Residence:: DENMARK  
Street of Mailing Address:: HAVREVEJ 26

City of Mailing Address:: NYBORG  
State or Province of Mailing Address::  
Country of Mailing Address:: DENMARK  
Postal or Zip Code of Mailing Address:: DK-5800

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: DENMARK  
Status:: Full Capacity  
Given Name:: JENS  
Middle Name::  
Family Name:: ZIMMER RASMUSSEN  
City of Residence:: ODENSE C  
State or Province of Residence::  
Country of Residence:: DENMARK  
Street of Mailing Address:: OLAF RYES GADE 5

City of Mailing Address:: ODENSE C  
State or Province of Mailing Address::  
Country of Mailing Address:: DENMARK  
Postal or Zip Code of Mailing Address:: DK-5000

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: JAN  
Middle Name::  
Family Name:: HOLGERSSON  
City of Residence:: HUDDINGE  
State or Province of Residence::  
Country of Residence:: SWEDEN  
Street of Mailing Address:: VENUSVÄGEN 6A

City of Mailing Address:: HUDDINGE  
State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: SE-141 33

#### **Correspondence Information**

Correspondence Customer Number:: 000466

**Representative Information**

Representative Customer Number::	000466
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**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/SE00/01648	8/28/00

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
SWEDEN	9903021-5	8/26/99	Yes

**Assignment Information**

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::